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ABSTRACT

Social Skills Training (SST) has become a popular and effective means of prevention and intervention with adolescent populations exhibiting behavioral difficulties. Early in their development many African-American youth are exposed to homicide, crime, and interpersonal violence. The acquisition of social skills is critical to the development of mediational techniques in combating these stressors. Standard SST programs, which are not culturally specific, are thought to be less effective in producing durable gains with African-American youth. This study examines the effects of an Afrocentric SST curriculum, in comparison to a standard SST curriculum, in promoting social skills development with 89 inner-city African-American youth (ages 10-15). Each 12-session curriculum teaches these skills as part of a community-based summer youth program involving problem solving, anger management, and conflict resolution. In addition, the Afrocentric curriculum incorporates discussion of relevant cultural experiences as they relate to the ancient and recent history of African Americans based on the Nguzo Saba cultural value system principles of: Umoja (unity); Kujichagulia (self-determination); Ujima (collective work and responsibility); Ujamma (cooperative economics); Nia (purpose); Kuumba (creativity); and Imani (father). Both curricula use manuals with intervention protocols that feature didactic and process-based training in a small group format. Monitoring and evaluation procedures are used to ensure treatment integrity. Results support the hypothesis that social skills training can produce significant gains in interpersonal skills and anger management for inner-city African American adolescents. (Contains 3 tables and 36 references.) (Author/SLD)

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An Afrocentric Approach To Group Social Skills Training With Inner-City African-American Adolescents

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Social Skills Training (SST) has become a popular and effective means of prevention and intervention with adolescent populations exhibiting behavioral difficulties. Early in their development many African-American youth are exposed to homicide, crime and interpersonal violence. The acquisition of social skills is critical to the development of mediational techniques in combating these stressors. Standard SST programs, which are not culturally specific, are thought to be less effective in producing durable gains with African-American youth. This study examines the effects of an Afrocentric SST curriculum, in comparison to a standard SST curriculum, in promoting social skills development with 89 inner-city African-American youth (ages 10-15). Each 12-session curriculum teaches these skills as part of a community-based summer youth program involving problem solving, anger management, and conflict resolution. Additionally, the Afrocentric curriculum incorporates discussion of relevant cultural experiences as they relate to ancient and recent history of African-Americans, based on the Nguzo Saba: Umoja (Unity), Kujichagulia (Self-Determination), Ujima (Collective work and responsibility), Ujamma (Cooperative economics, Nia (purpose), Kuumba (Creativity), and Imani (Father). Both curricula utilize manualized intervention protocols that feature didactic and process-based training in a small group format. Monitoring and evaluation procedures are used to ensure treatment integrity.

Violence is a critical social problem confronting American society, especially African Americans (Oliver, 1989). Violence includes a variety of intentional or unintentional acts of harm against another, such as stabbings, shootings, rapes, assaults, child abuse and homicide. Since the early 1990s, violent crime rates in the United States are the highest in decades. The latest upswing of violence is largely accounted for by youth under age 18 (Guerra, Tolan, Huesmann, Acker, & Eron, 1995). Unfortunately, violence is concentrated in many urban neighborhoods and disproportionately affects minority youth, who experience more violence than youth living in non-urban areas (Cooley, Turner & Beidel, 1995). The homicide rate for African-American adolescents is reported to be six to nine times higher than for Caucasian adolescents (Cotten, Resnick, Brown & Martin, 1994; Durant, Cadenhead, Pendergrast & Slavens, 1994). Between 1978 and 1988 homicide was the leading cause of death for African-American male and female youth, and often these crimes were perpetrated by other African-American youth (Hammond & Yung, 1993). Additionaly, exposure to violence has become common place for inner-city African-American adolescents (Bell & Jenkins, 1991). For example, Garbarino, Dubrow and Pardo (1991) conducted a study in a Baltimore health clinic and found that of 168 teen respondents, 24% had witnessed a murder and 72% knew someone who had been shot.

Family disruption, poverty, unemployment and racism are a few of the environmental risk factors that contribute to violence in urban communities (McLoyd, 1990). Moreover, complex urban environmental stressors such as family and community violence, victimization, and poverty contribute to feelings of low self-worth, anger, hopelessness, and aggression in the youth who live in these communities (Oliver, 1989). These constant stressors can prevent the

development and use of socially acceptable ways to mediate violence. As a result, urban youth are at high risk for not developing and maintaining healthy social interactions, especially problem solving, conflict resolution, and anger-management skills (Bulkeley & Cramer, 1990).

Social Skills Training (SST) as a Preventive Intervention for African-American Youth

Social skills training (SST) has become a popular and effective means of prevention and intervention with adolescent populations (Reed, 1994; Waksman, 1985). Social skills training entails the formal teaching of problem-solving and interpersonal skills required for surviving, living with others, and succeeding in a complex society. Reed (1994) defines appropriate social skills as (1) the ability to organize cognitions and behaviors toward an action that is culturally and socially acceptable, and (2) the ability to assess, modify, and maximize or reach particular goals. Social skills training is frequently used as a preventive intervention to remediate problematic social behaviors while encouraging positive social interactions. More specifically, SST programs can be designed to help disadvantaged youth maximize interpersonal communication skills and thereby minimize the possibility of violent altercations (Hampton, 1987).

An extensive body of research on SST preventive interventions has demonstrated that they are effective means for teaching a variety of developmentally-appropriate social interaction skills (Bulkeley & Cramer, 1990; Deffenbacher, Lynch, Oetting & Kemper, 1996; Hansen, Watson-Perczel & Christopher, 1989; Reed, 1994). For example, Wise, Kaare, Bundy and Wise (1991) implemented an assertiveness-focused SST program and found that participants showed significant gains in their regard for the rights of self and others and for the consequences of unacceptably assertive behaviors. Lochman, Curry, Burch and Lampron (1994) conducted a

randomized, component-analysis study of a problem-solving approach in which boys identified as socially aggressive were assigned to SST group emphasizing (1) coping with anger, (2) goal-setting, or (3) coping with anger and goal setting combined. Results revealed a reduction in disruptive and aggressive behaviors, increased goal setting and increased self esteem in the treatment group. In general, SST provides a broad base of prosocial skills training that includes education, awareness building, and development of situation-specific skills designed to foster interpersonal competency. Social Skills Training programs offer a more time- and cost-efficient training modality with large numbers of youth than does individual therapy. Moreover, SST in group formats is an effective alternative for ethnic minority youth who have difficulty in traditional individually-based counseling (Reed, 1994).

Nevertheless, at this time a scarcity of SST studies have been reported that were directed at reducing cognitive or skill deficits related to aggression or victimization, especially serving a predominantly African- American population. However, Hammond and Yung (1991) developed a SST program, Positive Adolescents Choice Training (PACT), as a health promotion/risk reduction focusing primarily on skill development with African- American youth. The program used a culturally relevant videotape series featuring African-American peer role models demonstrating targeted skills. Results indicated that youth who received PACT had less involvement in fighting, fewer referrals to juvenile court, and were rated by teachers and independent observers as showing improved conflict resolution skills in comparison with a no-intervention control group. Still, most SST interventions are developed for and directed toward White middle class populations (Deffenbacher, Oetting, Huff, & Thwaites, 1995). In their otherwise extensive review of SST programs with adolescents, Hansen, Watson-Perzel and

Christopher (1989) failed to acknowledge the ethnicity of the participants or consider generalizability of SST across ethnic groups. It follows that SST programs focusing specifically on violence prevention are typically developed for the general adolescent population and may therefore be less relevant for the unique circumstances, culture and lifestyles of inner-city African- American youth (Hains & Fouad, 1994).

Afrocentric SST Preventive Intervention

A few researchers have attempted to correct the paucity of SST with African-American youth by developing Afrocentric prevention and intervention programs (Kunjufu, 1986; Karenga, 1988). Afrocentric programs advocate the teaching of traditional Afrocentric values (e.g., unity, cooperative economics, purpose, faith) to counteract the complex urban problems that pose a challenge to healthy functioning. According to Nobles (1990a), Afrocentrism offers self-affirmation, reawakening, and rebirth of personal beliefs and behaviors for African Americans. It is further asserted that Afrocentricity can contribute to positive self-concept and prosocial functioning by helping African Americans avoid potential threats to healthy living, such as drug addiction, failure in school, and violence (Robinson & Ward, 1991). Afrocentric programs are only recently being acknowledged and embraced by schools and community agencies as an effective means for prevention and intervention with African-American youth (Hammond & Yung, 1991).

It has been suggested that culturally-specific SST curricula can provide Afrocan-American youth with a greater understanding of their traditions, culture contributions, and inventions, thereby increasing positive self-images and attitudes toward others, reducing maladaptive social behaviors, and promoting prosocial interactions (Robinson & Hamilton,

1996). Unfortunately, most school and community programs lack sufficient resources to conduct rigorous empirical investigations of Afrocentric SST interventions. Consequently, empirical evidence regarding the efficacy of Afrocentric SST programs is extremely limited, especially research related to violence prevention (Hammond & Yung, 1993).

The purpose of this study was to develop a culturally relevant SST program called, Positive Adolescent Alternative Training (PAAT), and examine its effectiveness in increasing the social skills of African- American young adolescents. This program utilizes African American-centered themes and incorporates culturally-specific content into its didactic and experiential presentations. We hypothesized that the acquisition of social skills is best facilitated in the context of a content-and culturally-based curriculum. In addition, we predicted that exposure to and acquisition of an Africentric value system would enhance the benefits of SST with inner-city African-American youth. Specifically, we hypothesized that all participants in a culturally-sensitive SST preventive intervention would show significant increases in social skills following PAAT. Moreover, participants receiving additional exposure to Africentric history and cultural values were expected to show superior gains, and these gains would be mediated by the acquisition of Africentric values emphasized with these youth.

Method

Participants

Participants were sixty-four (33 females and 31 males) low-income urban African-American children (age range 10-14) within a large Northeastern city who were enrolled in a community-based leadership program. The intensive SST preventive intervention, Positive Adolescent Alternative Training (PAAT), was incorporated as a component of the leadership program, and

all students who consented to participate in the overall program also consented to participate in PAAT.

Instrumentation

Social skills. The Social Skills Rating System (SSRS) is a 38-item self-report instrument that assesses social skills in four related but conceptually-distinct domains: Cooperation, Assertion, Self-control, and Empathy (Gresham & Elliott, 1990). The SSRS is nationally standardized and designed to offer norm-referenced assessments of children 3-18 years of age (Powless & Elliot, 1993). Several studies support the internal consistency and test-retest reliability of the youth-report version of the SSRS with a variety of populations (Jones, Sheridan & Binns, 1993; Bramlett, Smith & Edmonds, 1994). In addition, the SSRS has demonstrated good predictive validity in identifying social skills deficits in high-risk youth (Gresham & Elliot, 1990).

Anger management. The State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988, 1996) is a multi-scale, 44-item measure of the experience and expression of anger. The Trait Anger Scale measures self-perceptions of the general possession of angry feelings and the disposition to experience anger in problematic interpersonal situations. The Anger Expression Scale is a summary index that represents the overall frequency with which angry feelings are suppressed, anger is physically expressed toward people or objects, and the expression of angry feelings is willfully controlled. The STAXI is a well-known instrument that has demonstrated sound instrument reliability and validity with adolescents from diverse backgrounds, including African Americans (Deffenbacher, et al., 1996).

Afrocentric values. The Afrocentric Beliefs Measure (ABM) is a 15-item self-report

measure that assesses the degree to which participants endorse the beliefs and behaviors of the Nguzo Saba (seven principles: Umoja (unity), Imani (faith), etc.) in African and African American culture. Sample items include: "The unity of the African race is important to me"; "I am doing a lot to improve my neighborhood"; "African Americans should build and maintain their own communities". In a series of four studies on older adolescent and adult populations of diverse ethnic backgrounds, the ABM generated an average alpha reliability of .74. Additionally, strong convergent validity with a measure of ethnic identity was established (Grills & Longshore, 1996).

Procedure

The preventive intervention included nine 90-minute sessions held over the course of six weeks. The intervention occurred in small group formats of 10-12 participants. All participants in the study were randomly assigned to one of two intervention conditions within PAAT: a Standard SST condition or an Afrocentric-based SST condition. Positive Adolescent Alternative Training (PAAT) was conducted by a team of two African-American doctoral-level counseling psychology students who served as program facilitators, while eight professionals (teachers, social workers, and youth agency workers) with extensive experience in the education and training of African-American youth served as small-group facilitators. The small-group facilitators included two males (one African American, one Caucasian) and six African-American females. Participants completed a pre-training (Time 1) and post-training assessment (Time 2) battery as part of the overall program. Participants were given incentives for active participation and appropriate behavior (e.g., attendance, following directions) in session.

Treatment groups. Two culturally-relevant SST curriculum manuals were developed for

the PAAT program, one for the Standard condition and one for the Afrocentric condition. In general, PAAT is designed to teach African-American youth problem solving skills in the areas of anger management and conflict resolution. The program teaches and reinforces skills in the areas of identifying and processing angry feelings, understanding various aspects of verbal and non-verbal communication, making connections between personal emotions and interpersonal conflicts, and utilizing cool-down techniques and problem-solving strategies (e.g., giving positive along with negative feedback, discussing matters in privacy) when conflicts arise. Also, PAAT utilizes instructional materials that feature African American images and themes, and problem situations and role plays are tailored to represent the culturally-specific concerns of inner-city African-American adolescents. An identical instructional agenda was followed in both conditions. In each session, participants were introduced to specific skills that could be used to solve problem situations, presented behavioral alternatives and possible consequences for each behavioral choice, and then asked to role play problem situations and practice new skills that create positive outcomes and avoid angry or violent behaviors. In addition, the Afrocentric condition introduced and emphasized content based on the cultural value system of the seven Nguzo Saba principles: (Umoja-unity, Kujichagulia-self-determination, Ujima-collective work and responsibility, Ujamaa-cooperative economics, Kuumba-creativity, and Imani-faith). One or more of the seven principles were introduced at the beginning of each session, and these principles were then interwoven into the skills training curriculum for that session. This included discussion of how certain behaviors engender optimal (e.g., unity in the community) or suboptimal (e.g., materialism, self-centeredness) outcomes in the individual, family, and community domains from an Afrocentric perspective.

Treatment integrity. The eight professionals who served as small group facilitators were randomly assigned to participate in either the Standard or Afrocentric condition for the duration of the program. Each condition utilized a curriculum-specific intervention manual for training and monitoring purposes. One program facilitator with expertise in standard SST curricula directed the Standard condition, while the second program facilitator with expertise in Afrocentric curricula directed the condition. To promote adherence to intervention manuals, small group facilitators were required to attend weekly 30-minute trainings to review and discuss the curriculum agenda for upcoming sessions. In addition, the program facilitators floated among the small groups active in their particular condition in order to observe and support each group facilitator during the course of every session. Finally, adherence monitoring was conducted with audiotape review. During each session two groups, one from the standard condition and one from the Afrocentric, were randomly selected for taping. These tapes were reviewed each week by the program facilitators to monitor adherence and provide feedback to the group facilitators for the next session.

Results

Instrument Modification

We reviewed the internal consistencies yielded by each dependent measure at time 1 to determine whether the observed reliabilities for our study matched the established reliabilities found in other studies. Unacceptably low internal consistencies (represented by Cronbach's alpha) were discovered for the ABM and the subscales of the SSRS. Poor internal consistency reflects error in measurement and can bias observed effects. Hence, we made revisions to the ABM and SSRS subscales by systematically identifying and deleting individual items that

reduced the internal consistency of each scale, until an acceptable level of reliability was reached. Table 1 presents the number of original items, number of items deleted, and the improved internal consistency of the modified scales. These modified scales are used for analysis in this study. One SSRS scale, self-control, was not modified because deletion of items did not improve reliability; no scales from the STAXI were modified because all demonstrated acceptable reliabilities.

[Insert Table 1 about here]

Pre-treatment correlations among instruments were then calculated to explore the degree of measurement overlap as reported in Table 2. Correlations ranged from $r = -.01$ to .66, demonstrating that the dependent measures were sufficiently distinct from one another.

[Insert Table 2 about here]

Table 3 documents the pre-treatment means and unadjusted post-treatment means for outcome measures for each experimental condition and for the two conditions combined. These data were used to test the main hypotheses of the study, namely, that both groups would demonstrate gains in social skill levels and that the Afrocentric group would demonstrate significantly stronger gains.

[Insert Table 3 about here]

Preliminary analyses found no significant pre-treatment differences on any dependent measure for either sex (boys versus girls) or intervention condition (Standard versus Afrocentric). Repeated analysis of variance measures were performed on each of the five indices of social skills and on the one measure of Afrocentric beliefs. Results indicated a significant main effect of time on three dependent variables: trait anger ($F(1,62) = 6.23$, $p < .01$),

assertiveness ($F(1,62) = 3.85, p<.05$), and self-control ($F(1,62) = 4.16, p<.05$).

Discussion

The results of this study support the hypothesis that social skills training can produce significant gains in interpersonal skills and anger management for inner-city African-American adolescents. While the program produced no measurable gains on empathy and cooperation, participants across conditions showed a significant increase in assertiveness and self-control skills. This finding is consistent with previous research on social skill development and training (Elliott, Sheridan & Gresham, 1989; Gresham & Elliott, 1990). Increases in levels of assertiveness and self-control can result in decreased levels of anger and potentially aggressive responses in social interactions, while increasing appropriate responses to conflict situations. Furthermore, after the intervention participants overall reported significantly reduced levels of general anger and a decrease in the disposition to experience anger. Participants were less likely to perceive a wide range of situations as annoying or frustrating, and they perceived themselves as less likely to respond to these situations with elevated states of anger. Hence, the SST interventions were effective in reducing anger and inducing a tendency toward calmer, more controlled behaviors in potentially problematic social situations.

These findings are encouraging and consistent with current research using SST to reduce anger (Deffenbacher et al., 1996). In addition, they reflect our experience of the participants as demonstrating increased mastery of social skills and anger management over the course of the intervention in both conditions. In initial sessions participants indicated during role plays that a simple incursion such as stepping on another person's shoes would have provoked participants to anger and aggressive reactions. However, later sessions produced role-play solutions that

favored temperate emotional responses and increased inclinations for constructive behavior.

Our prediction that participants exposed to Afrocentric history and values would acquire more social skills than youth in a standard skills curriculum was not borne out. Unfortunately, this negative finding may be linked in part to psychometric deficiencies. Although the ABM has exhibited some promise as a valid and reliable instrument of Afrocentrism for older populations, it may not have been developmentally appropriate for our early adolescent participants. Many questions refer to essentially adult tasks (e.g., making purchases in African- American businesses) or to adult-level concepts tied to racial community and identity. The ABM is one of very few instruments available for evaluating Afrocentricity, and future research in this area should focus on the development of age-appropriate measures.

Limitations and Implications for Future Studies.

Although this study provides some encouraging results, important methodological limitations should be noted. First, information related to the dosage of intervention (i.e., number of sessions attended by each participant, degree of youth participation in these sessions) and integrity of the interventions (i.e., non-participant observational ratings of adherence to protocol) were not analyzed. Also, although we designed both intervention conditions to be culturally specific, such that they incorporated salient African-American themes into the curricula, we did not measure our success in doing this, nor did we include a control group that received a non-specific curriculum. Thus, we cannot determine the degree to which cultural sensitivity in the training fostered the observed gains. Secondly, only self-report instruments were used. Self-report measures are certainly indispensable for assessing experiential states such as anger, anxiety, depression, and self-esteem. However, parent, teacher, and peer ratings are important

additional sources of information for assessing adolescent social skills, which should be considered to augment and extend findings in future research on culturally-specific SST. Third, long-term evaluation of intervention effects is absent from the current study. Follow-up assessment periods could determine if booster sessions or other maintenance-enhancing strategies are needed to sustain gains induced by SST.

Overall, the findings show promise for providing effective social skills preventive interventions with disadvantaged populations. Nevertheless, serious consideration of the complex environments in which inner-city youth reside must be considered in developing future SST curricula. Specifically, there is a need to understand how cultural and sub-cultural aspects of inner-city experiences influence the development of social skills in African-American youth. Some sources (Dyson, 1989; Stephenson, 1991) conclude that even though inner-city youth accept some mainstream values, educational programs need to be peer-based, authentic, entertaining, delivered in the language of the street, and predominantly void of mainstream origins in order to be maximally effective. These sources rate cultural-specificity as the highest priority for interventions with African-American youth. Finally, future research should employ alternative methods of measurement and evaluation to complement and extend findings based on traditional, quantitative-based methods (Bramlett, Smith, & Edmonds, 1994). Techniques such as qualitative interviews and participant observation help situate findings in a fuller social and cultural context (McCracken, 1988), thereby providing additional resources and perspective to the difficult task of developing and evaluating culturally-specific preventive interventions for youth.

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Table 1

Internal Consistency of Outcome Measures at Time 1.

Outcome Measures	No. of Original Scale Items	Original	No. of Items in Modified Scale	for Modified Scale
ABM	17	.60	12	.69
SSRS				
Cooperation	10	.48	8	.51
Assertiveness	10	.51	6	.65
Empathy	10	.66	8	.70
Self-Control		.48	----	----
STAXI				
Anger Expression	24	N/A		
Anger-In	8	.51	----	----
Anger-Out	8	.77	----	----
Anger-Control	8	.74	----	----
Trait-Anger	10	.78	----	----

Table 2

Correlation Matrix for the Outcome Measures at Time 1.

	ABM	Coop	Assrt	Empathy	Self-Con	Trait Anger	Ax-ex
ABM	1.0	.23	.16	.14	.23	-.03	-.10
Coop	.23	1.0	.42	.54	.60	-.30	-.40
Assert	.16	.42	1.0	.51	.70	-.02	-.21
Empathy	.14	54	51	1.0	.52	-.42	.50
Self-Con	.23	.60	.70	.52	1.0	-.30	-.45
Trait Anger	-.03	-.30	-.02	-.42	-.30	1.0	.70
Ax-ex	-.10	-.40	-.21	-.52	-.50	.72	1.0

Table 3

Means and Standard Deviations for Outcome Measures at Time 1

Outcome Measure	Standard Condition (N = 33)		Africentric Condition (N=31)		PAAT Total N = 64)		
	M	SD	M	SD	M	SD	Univariate Treatment F
Africentric Beliefs							
Pre	2.62	.344	2.65	.357	2.63	.348	.04
Post	2.63	.313	2.65	.407	2.64	.358	
SSRS							
Cooperation							
Pre	9.27	2.21	8.65	2.60	8.97	2.41	1.36
Post	9.68	2.58	9.13	2.23	9.42	2.42	

Table 3 continues

Table 3

Means and Standard Deviations for Outcome Measures at Time 1

Outcome Measure	Standard Condition (N = 33)		Africentric Condition (N=31)		PAAT Total N = 64)		
	M	SD	M	SD	M	SD	Univariate Treatment F
Assertiveness							
Pre	6.58	2.81	6.52	2.45	6.55	2.62	3.85*
Post	6.91	2.04	7.48	2.00	7.19	2.02	
Empathy							
Pre	8.91	3.11	8.39	2.95	8.66	3.02	22
Post	8.76	2.62	8.71	2.55	8.73	2.57	
Self-Control							
Pre	11.03	2.54	10.00	2.65	10.53	2.62	4.16
Post	11.39	2.69	11.36	2.63	11.38	2.65	

Table 3 continues

Table 3

Means and Standard Deviations for Outcome Measures at Time 1

Outcome Measure	Standard Condition (N = 33)		Africentric Condition (N=31)		PAAT Total N = 64)		
	M	SD	M	SD	M	SD	Univariate Treatment F
STAXI							
Trait Anger							
Pre	22.24	4.47	24.26	7.18	23.21	5.98	6.23
Post	21.12	5.04	22.39	5.94	21.73	5.49	
Anger Expres							
Pre	31.81	7.26	36.19	10.84	33.94	9.36	3.55
Post	31.21	6.45	33.90	8.10	32.50	7.36	

*p < .05, **p < .01